PTO/SB/21 (08-03)
Approved for use through 08/30/2003. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE erwork Reduction Act of 1995, no persons are required to respond to collection of information unless it displays a valid OMB control number **Application Number** 09/691.017 **TRANSMITTAL** Filing Date October 18, 2000 **FORM** First Named Inventor Haruo Kamei Art Unit (to be used for all correspondence after initial filing) 3723 **Examiner Name** Eziamara Anthony Ojini Attorney Docket Number

Total Number of Pages in This Submission				13	Attorney Docket Number	5507	550718-077					
ENCLOSURES (Check all that apply)												
V	Fee Trans	mittal Fo	om	<b>✓</b> . [	Drawing(s)	After Allowance communication to Technology Center (TC)						
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Certified Copy of Priority Document(s)  Response to Missing Parts/ Incomplete Application  Response to Missing Parts under 37 CFR 1.52 or 1.53				The Corequire overparts. Che 2. New	ommissioner is hereby au ed (including the fee for ar ayment, to Deposit Acct. Neck in the amount of \$55.	R AGENT TECHNOLOGY CENTER R3700						
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or Individual name Thompson Hine LLP 2000 Courthouse Plaza N Dayton, Ohio 45402-1758				.E., 10 W€	est Second Street		<del> </del>			'r CEN	VTER R370	Ю
Signature			John	FK								
Date				3-1-	04							
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I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.												
Typed	or printed n	name	John F. Kane				• • • • • • • • • • • • • • • • • • • •					
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PTO/SB/17 (10-03)

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FEE TRANSMITTAL	Complete if Known						
FEE IRANSIMITIAL	Application Number	09/691,017					
for FY 2004	Filing Date	October 18, 2000					
Effective 10/01/2003. Patent fees are subject to annual revision.	First Named Inventor	Haruo Kamei					
	Examiner Name	Eziamara Anthony Ojini					
Applicant claims small entity status. See 37 CFR 1.27	A . 14 !:	0700					

(\$) 55.00

**TOTAL AMOUNT OF PAYMENT** 

Signature

TOTAL AMOUNT OF PAYMENT (\$) 55.00						Attorr	ey Do	cket N	lo. 550718	-077			J		
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**or number previously paid, if greater; For Reissues, see above							ced by	Basic F	iling F	ee Paid S	UBTOTAL (3)	(\$) 55.00	0		
SUBMITTED BY						(Complete (if applicable))									
Name (Print/Type) John F. Kane						Registration No. 44,815 Telephone 937-443-6816									

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(Attorney/Agent)